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(Re	questor's Name)	
(Ad	dress)	
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COVER LETTER

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERCAN SUSTAIN (Name of the Limited Liability Compa) (A Florida Limited Li	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on AUG 14, 2	017 and assigned
Florida document number <u>L17000172477</u> .	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
AMERICAN SUSTAIN The new name must be distinguishable and contain the words "Limited Liabil	ABILITY LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	AMERICAN SUSTAL	NABILITY LLC
(Principal office address MUST BE A STREET ADDRESS)	27808 SANTA AN	TA BLVD
	WESLEY CHAPEL	, FC 33544
Enter new mailing address, if applicable:	AMERICAN SUSTA	INABILITY LLC
(Mailing address MAY BE A POST OFFICE BOX)	27808 SANTA AN	ITA BLYD
	WESLEY CHAPEL,	FL 33544
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the new
	- /A	17
Name of New Registered Agent:	<i>\P\/\ta</i>	
New Registered Office Address:	N/A Enter Florida street address	
	N/ħ , Florida	N/A
New Registered Agent's Signature, if changing Registered Agent:	City	Σ ··· · Διρ Code
I hereby accept the appointment as registered agent and agree	ee to act in this capacity. I further	agree to comply with the

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If Changing Registered Agent, Signature of New Registered Agent

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Title** Name | **Address Type of Action** ☐ Add ☐ Remove ☐ Change 4\ N _□ Add ☐ Remove _□ Change A/A □:Remove □ Čhange NA ızı. □ 'Add ċò ☑:Remove ☐ Change □ Adđ ☐ Remove ☐ Change N/A □ Add □ Remove

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